

IFW

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ching Hian HEE, et al.

Serial No: 10/632,522

Confirmation No: 4355

Filed: August 1, 2003

For: Tilted Media for Hard Disk Drives and Magnetic Data Storage Devices

Art Unit: 1773

Examiner: Rickman, Holly C.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
 Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450, on  
 December 30, 2005

Date of Deposit

Juanita Soberanis

Name

Signature 12/30/2005

Signature

Date

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Amendment.  
☒ Return Postcard.  
☒ No additional fee is required.

The fee has been calculated as shown below:

The fee has been calculated as shown below:								
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	40	**	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS			\$
TOTAL								\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 HOGAN & HARTSON L.L.P.

By: \_\_\_\_\_

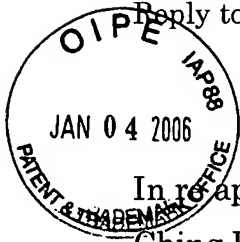
Troy M. Schmelzer  
 Registration No. 36,667  
 Attorney for Applicant(s)

Date: December 30, 2005

Biltmore Tower  
 500 South Grand Avenue, Suite 1900  
 Los Angeles, California 90071  
 Telephone: 213 337-6700  
 Facsimile: 213 337-6701

Appl. No. 10/632,522  
Amdt. dated December 30, 2005  
Reply to Office Action of October 4, 2005

Atty. Ref. 83377.0008  
Customer No. 26021



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**AMENDMENT**

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Juanita Soberanis

Name

Juanita Soberanis 12/30/2005

Signature

Date

Dear Sir:

In response to the Office Action dated October 4, 2005, please amend this  
application as follows:

**Amendments to the Claims** are reflected in the listing of claims which  
begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.